

4-5	Brain Injury Supports	Part 1 of 6
Authorizing Utah Code: 62a-5-103	Rule: R539-7-3	BI Supports
Approved: 2/10/00	Rule Effective:	Printed: 4/00
Form(s): 1-15	Guideline(s): BI Waiver	

POLICY

The **Division** funds supports for eligible **Persons** with brain injury. **Providers** of brain injury supports should ensure that supports are appropriate and based upon current best-practice philosophy. The types of supports available for **Persons** with brain injury are outlined below in the procedures portion of this policy and are available only to **Persons** eligible under **Division** Policy 4-1, Brain Injury Eligibility and Intake.

All supports to be provided shall be listed by the **Support Coordinator** in the **Individual Service Plan**. **Providers** must be under State contract with the **Division** as **Authorized Providers**, according to **Utah Code Annotated** 62A-5-103, and must meet all required standards for licensing, certification, demonstrated competency, education and training prior to the delivery of any supports.

PROCEDURES

1. Brain Injury Family Training provides instruction for the family members of a **Person** with a brain injury. The purpose of training family members is to directly benefit the **Person**. Instruction can include, but is not limited to, information and training about treatment, rehabilitative regimens and the use of equipment necessary to safely maintain the **Person** at home. Anyone providing care for the **Person** who is not employed by a **Provider Agency** to do so can receive training funded by the Brain Injury Home and Community-Based **Waiver**.
2. Brain Injury Community Living assists a **Person** to gain and/or maintain skills to live as independently as possible in a community setting; and based on the outcome for community living indicated in the **Individual Service Plan**, live in the type of housing arrangement they choose. The **Individual Service Plan** identifies the type, frequency, and amount of support required by the **Person** based on the **Person's** needs and preferences. Support services are available to **Persons** who live alone, with roommates, or with family. **Community Supported Living** also includes direct support services which include assistance with meal preparation, eating, bathing, dressing, and/or personal hygiene. Support services are designed to facilitate independence and promote community integration.
3. Brain Injury Supported Employment serves the purpose of supporting **Persons** based on personal need to obtain, maintain, or advance in competitive employment in integrated work settings.
 - A. Supported employment can be full or part time and is in a work setting where the **Person** works with others without disabilities, not including staff or contracted co-workers paid to support the **Person**. Supported employment may occur anytime during a twenty-four hour day. Supports assist the **Person** to achieve competitive employment. Competitive employment is defined as work compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by persons who are not disabled. **Persons** in supported employment are supported and employed consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the **Person**

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as indicated in the **Individual Service Plan**. A **Person** may be supported one-on-one or in a group. When appropriate, the **Provider Agency** may contract with a co-worker to provide additional support, under the direction of a job coach, as a natural extension of the work day.

- B. Payment will only be made for adaptations, supervision and training required by a **Person** as a result of the **Person's** disability and will not include payment for the supervisory activities rendered as a normal part of the business setting. Documentation must be maintained, for all **Persons** whose supports are funded by the **Waiver**, showing that supported employment services rendered are not available under a program funded by either the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act. Federal financial participation will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as incentive payments made to an employer or beneficiaries to encourage or subsidize an employer's participation in a supported employment program, payments that are passed through to a beneficiary of supported employment programs, or for payments for vocational training that is not directly related to a beneficiary's supported employment program.
- C. **Support Coordination** with Division of Rehabilitation Services
- i. Upon verification of eligibility, the **Support Coordinator** shall complete a Division of Rehabilitation Services Referral, Form 58, for the appropriate rehabilitation counselor. Completion of Form 58 shall satisfy the documentation requirement that supported employment services rendered are not available under a program funded by either the Rehabilitation Act of 1973, or the Individuals with Disabilities Education Act.
 - ii. Upon acceptance by the Division of Rehabilitation Services, an **Individual Written Rehabilitation Plan** shall be developed recommending supported employment.
 - iii. The **Person** shall choose which agency will provide supported employment services. Services will be coordinated and funded by the rehabilitation counselor for a predetermined amount of time (determined by the rehabilitation counselor, according to Division of Rehabilitation Services policy). Long-term funding from the **Region** or other community resource must be reasonably expected prior to the Division of Rehabilitation Services authorizing supported employment services.
 - iv. After the initial predetermined amount of time under the Division of Rehabilitation Services, the coordination and funding of supported employment services shall be the responsibility of the **Region**.
 - v. If a **Person** loses the supported employment job, the **Region** is responsible to fund services to assist the **Person** to secure another job. Once the **Person** has secured another supported employment job, or one year has passed from the date of discharge from the Division of Rehabilitation Services, then additional funding for supported employment services may be available from the Division of Rehabilitation Services.
 - vi. If Division of Rehabilitation Services funding is not available, and **Region** funding is available, a **Person** may be served entirely through the **Region** system. There must still be a reasonable expectation for long-term funding from

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- the **Region**.
- D. Provider standards:
- i. **Persons** with brain injury shall be employed for a significant number of hours at a level optimal for the **Person**, in accordance with the **Person's** capabilities and desires. This should be determined at the **Individual Support Plan** meeting. The hours worked by **Persons** receiving supported employment should approximate the hours worked by other employees; the **Division**, however, considers at least 20 hours per week the minimum level acceptable for most **Persons**.
 - ii. **Persons** shall be compensated at minimum wage or better. If minimum wage is not feasible, compensation shall be at a commensurate wage based on a **Person's** productivity. **Persons** shall be provided benefits by the employer which are comparable to workers who are not disabled.
 - iii. There shall be no more than eight **Persons** with disabilities in any one enclave.
 - iv. Assistive technology shall be used to enhance productivity when appropriate in accordance with the Americans with Disabilities Act.
 - v. Jobs or contract employment shall be developed through the use of a written marketing plan.
 - vi. An assessment of work interests shall be conducted within thirty (30) days of the referral to the **Provider**. To increase the **Persons** performance on the job, **Provider** staff ensure that the job is appropriate for the **Person**, that the **Person** has had input into the decision of employment, and that the most effective training and support techniques are used. Techniques should foster the use of **Natural Supports** such as family, friends, and co-workers.
 - vii. Supported employment direct service staff and staff supervisors shall be trained in the support strategies required for each **Person's** particular supported employment placement or job.
4. Brain Injury Structured Day Program provides activities and services for a **Person** with a brain injury that are supervised, meaningful and directed at the development and maintenance of independence and community living skills. Training and services are provided in the home and/or community of the **Person**. The primary purpose of the service is to reintegrate the **Person** into the community. A structured day program promotes independence and helps a **Person** remain living at home. **Providers** of this service shall provide individualized, flexible structured day services. Flexible services match the needs and preferences of a **Person** by varying the length of time and type of supports provided. Structured day program services may include training for a **Person** or group in life skills, attention skills, task completion, problem solving, safety and money management. Structured day services shall include individualized nutritional supervision, health monitoring and recreation as appropriate.
5. Brain Injury Transportation serves the purpose of allowing the **Person** access to other supports necessary to live an inclusive community life.
- A. Transportation supports are only provided as independent services when transportation is not otherwise available as an element of another service. The need for transportation

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- must be documented as necessary to fulfill other identified supports in the **Individual Service Plan** and the associated outcomes.
- B. **Medicaid** will not pay for transportation that is already available for free or for transportation already available through medical programs, the State plan, or as part of administrative expenditures. Additional transportation supports are available only when transportation is not included in the rate paid to the **Provider** for the **Waiver** eligible **Person**.
 - C. This service must be provided by a licensed public transportation carrier or **Provider** staff with a current driver's license, a legally registered vehicle and proof of automobile insurance in amounts required by **Utah Code Annotated** 53-3-202 and 41-12a-401 through 41-12a-412.
 - D. Drivers employed by **Day Support** or **Community Living Support Providers** shall:
 - i. complete and maintain first aid training,
 - ii. keep written procedures for accidents and emergencies in the vehicle(s) at all times, and
 - iii. implement specific techniques for safe transportation of **Persons** who have unique medical or physical considerations.
 - E. In addition, drivers are responsible to ensure that:
 - i. **Persons** do not remain unattended in the vehicle;
 - ii. **Persons** remain seated while the vehicle is in motion;
 - iii. keys are removed from the vehicle at all times when the driver is not in the driver's seat;
 - iv. all **Persons** use seat belts or locking mechanisms to immobilize wheelchairs during travel; and
 - v. ensure that the vehicle used for the transportation of **Persons** has working door locks and that the car doors are locked at all times while the vehicle is moving.
 - F. All vehicles shall be reasonably accessible if **Persons** have physical disabilities. Special lifts and other equipment must be in safe working order.
6. Brain Injury Respite serves the purpose of providing supervision and/or relief, on a short-term basis for those who normally provide care in a home setting to a **Person** who is unable to care for himself or herself according to **Utah Code Annotated** 62A-4a-602 or 62A-2-101,18.
- A. Respite care supports include day and overnight supports and may be provided in the following locations:
 - i. **Person's** home or place of residence,
 - ii. facility approved by the State which is not a private residence, and
 - iii. nursing facilities
 - iv. group home
 - v. other: As specified in the **Individual Service Plan**, in the community, which may include the private residence of the person providing respite care.
 - B. The provision of respite care in terms of duration and location will be based on the annual amount allocated by the **Region** to the **Person/family** and the **Person's/family's** preference. Federal Financial Participation (FFP) will not be claimed for the cost of

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room and board except when provided as part of respite care in a facility approved by the State that is not the **Person's** private residence.

- C. The **Provider** will coordinate the delivery of respite services to be provided with the **Support Coordinator**, family member or primary caregiver, and **Person** with a disability. It is the responsibility of the **Provider** to track and report outcomes to the **Support Coordinator** on a monthly basis. No more than two **Persons** may be served in a **Provider's** residence at one time without **Region Director** approval. All injuries and accidents must be reported to the family within 24 hours. When requested by the family a written incident report must be completed by the **Provider** and forwarded to the family within 3 days of the incident.
7. Brain Injury Homemaker Service can include, but is not limited to, general household activities like meal preparation and routine household care provided by a trained homemaker. This service is available when no one is reasonably available to perform the service for the **Person**.
8. Brain Injury Companion Service is a supervision and socialization service provided to adults with functional impairments due to a brain injury. Companions may assist the **Person** with tasks such as meal preparation, laundry, and shopping, but do not perform these activities as discrete services. Companions do not provide training, rehabilitation, or medical care. **Providers** may also perform light housekeeping tasks which are incidental to the care and supervision of the **Person**, but do not perform hands-on medical care. This service provides companionship and recreational activities that are not purely diversional in nature.
9. Brain Injury Counseling services may be provided to resolve conflict or issues that will help the **Person** remain in the community. Counseling for the direct benefit of the **Person** with a brain injury may be delivered on a family or **Person** basis.
 - A. Counseling and training, when provided to family members must be for the purpose of preventing premature institutionalization of the **Person**. If counseling is for other purposes, reimbursement may be denied.
 - B. The counselor must be licensed or certified by the State according to the Mental Health Professional Practice Act, **Utah Code Annotated** 58-60-103, 58-60-107, and 58-60-205.
10. Personal emergency response systems serve the purpose of enabling the **Person** who has the skills to live independently or with minimal support to summon assistance in an emergency. Personal emergency response systems are electronic devices of a type that allow the **Person** requiring such a system, to rapidly secure assistance in the event of an emergency. The device may be any one of a number of such devices but must be connected to a signal response center that is staffed twenty-four hours a day, seven days a week by trained professionals. Reimbursement shall include the rental or purchase, installation, removal, replacement and/or repair of the system.